



Title	Acceptance of CPAP therapy for sleep apnoea in Chinese: a preliminary report
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P15 Feasibility of radial artery approach in coronary procedures in local Hong Kong Chinese

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Purpose: As an alternative to the conventional femoral approach, radial artery approach is now a popular choice in coronary procedures in many centers. However, this approach has not been widely adopted in Hong Kong yet. We report some of our early experience in this area.

Methods: From May 1997 to May 1998, 22 patients have their diagnostic coronary procedures done through radial artery approach and their results were analyzed.

Results: There were 16 males and 6 females. The range and average age, height, body weight in the males were 37-79yr (mean 62.0±12.1 yr), 149-173cm (mean 162.8±7.2cm), 44.5-76kg (mean 61.3±7.6kg) respectively and those in the females were 40-70yr (mean 61.5±12.1yr), 134-159cm (mean 148.3±8.1cm), 50-74kg (mean 58.4±9.2kg) respectively. 5F catheters were used except in one patient, in whom 6F catheters were used for better images. The total fluoroscopy time ranged from 5.2-38.7min (mean 13.8±9.2min). In 10 patients (50% of all successful cases), the procedure was finished within 10 min fluoroscopy time. There were 2 failures, both related to extremely tortuous upper limb vessels. There was no major complications including acute/chronic upper limb distal ischemia, wound hemorrhage or hematoma. In 4 patients, there was significant but reversible post-operative forearm edema. In the 17 patients who turned up for late follow-up, 2 have asymptomatic loss of the radial pulse with impaired Allen's test of the index radial artery. The right radial artery was used in all patients except 2, in whom the left side was used. A variety of catheters were able to finish the coronary study.

Conclusions: In summary, the radial approach is safe and allows early mobilization and early discharge with good patient comfort and acceptance. The time limiting factors, apart from operator experience, appear to be the size of the radial artery used and the curvatures of the upper limb arteries.

P16 Acceptance of CPAP therapy for sleep apnoea in Chinese: a preliminary report

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Purpose: Nasal continuous positive airway pressure (CPAP) has been the most common and effective treatment for obstructive sleep apnoea (OSA). Although technical modifications of the devices have made CPAP more convenient for patients, acceptance still is a major problem with this therapy. This prospective study investigated the acceptance rate of CPAP and factors influencing acceptance in a sample of consecutive Chinese OSA patients with an apnoea-hypopnoea index (AHI) greater than 20.

Methods: Of 30 consecutive patients referred to our sleep laboratory because of suspected OSA, 23 exhibited an AHI greater than 20 and were included in this study. The subjects completed the Epworth Sleepiness Scale - Chinese version (ESS-C), a questionnaire on symptoms of OSA and a visual analog scale tapping various beliefs, attitudes, and perceived needs for treatment of OSA. Overnight plethysmography and the Multiple Sleep Latency Test (MSLT) were performed. All patients with an AHI greater than 20 were informed by the author in the same manner about the nature, consequences and treatment of OSA. If the patients agreed to try CPAP, treatment was initiated during a further night of polysomnography. The CPAP was started at 3 cm H₂O. Pressure was increased in steps of 2 cm until all apnoeas and hypopnoeas were abolished. A probability value less than 0.05 was considered statistically significant.

Results: Out of 23 consecutive patients with an AHI greater than 20, 17 agreed to have a night of trial on CPAP (74%). After the first night on CPAP, 8 of the 17 patients accepted the treatment and have bought the device for use. An acceptance rate of CPAP was found to be 35%. Acceptors (n=8) and refusers (n=15) did not differ in age (49.9±9.0 vs 47.0±13.0), years of education (11.5±2.8 vs 10.8±3.0), body mass index (29.4±5.2 vs 29.0±4.1) or monthly family income (HK\$39375±26381 vs 34133±23151). Acceptors and refusers also did not differ in AHI (61.0±18.0 vs 60.6±13.6), sleep latency during MSLT (8.6±6.1 min vs 6.8±4.2), total ESS-C score (13.4±4.5 vs 13.0±5.3) or effective CPAP pressure (11.3±2.9 vs 10.8±3.9). There is no significant difference between the 2 groups in proportion of patients who reported "often" or "almost always" to questions: "not feeling rested during the day, no matter how many hours of sleep you had" (5/8 vs 8/15), "frequent urination during sleep" (4/8 vs 4/11), "wake up with headaches" (0/8 vs 3/12) or "wake up with dry mouth" (6/8 vs 8/15). Acceptors and refusers did not differ in scores about the level of agreement (0: strongly agree, 10: strongly disagree) to statements like "I feel sleepy easily in daytime, this worries me." (2.2±3.2 vs 3.4±3.3), "I am concerned that my snoring and excessive daytime sleepiness will cause serious effect to my health." (3.9±4.2 vs 2.2±2.8) or "I need treatment for my snoring and excessive daytime sleepiness." (1.2±1.9 vs 1.6±2.3).

Conclusions: The acceptance rate of CPAP is low in Chinese moderate to severe OSA patients. Sociodemographic variables, clinical factors and health-related attitudes do not seem to influence patients' acceptance of CPAP. Ways to improve the acceptance rate of CPAP are required.